



# DAWSON COUNTY HEALTH DEPARTMENT STRATEGIC PLAN 2016- 2021

AUGUST 2016  
REVISED JUNE 2017

DAWSON COUNTY HEALTH DEPARTMENT

207 WEST BELL STREET  
GLEN DIVE, MT 59330

## DAWSON COUNTY HEALTH DEPARTMENT STRATEGIC PLAN 2016-2021

### DCHD PLANNING PARTICIPANTS

- Brenda Mischel, Family Planning
- Andeen Raymond, Home Health
- Pam O'Brien, WIC and Administrative Assistant
- Clarice Utgaard, IZ Nurse and School Nurse
- Jen Fladager, CD/PHEP, PHSI, BAG
- Trish Olson, IZ Nurse, Home Visiting
- Patty Maddock, Administrative Assistant, Billing
- Heather Frank, Administrative Assistant
- Lynn Newnam, Family Planning Coordinator, WIC
- Laureen Murphree, Tobacco Prevention
- Timber Dempewolf, Health Director

### REVIEW OF MISSION, VISION, AND PURPOSE

#### DAWSON COUNTY HEALTH DEPARTMENT MISSION STATEMENT

Promote and Protect Public Health

#### VISION STATEMENT

Dawson County Health Department (DCHD) is committed to excellence in protecting, promoting and enhancing the health and well-being of all people. We provide quality services to people of all ages and work to ensure the health and safety of our community and environment through the promotion of health and prevention of disease.

#### PURPOSE

To serve and educate our population and advocate for the health and safety of our community.

Revised June 2017:

To serve, educate and advocate for the health and safety of our population by bridging the gap between the ever changing landscapes of our community.

#### CORE VALUES

**Evidence based and evidence informed practices** - What we do is based in practices that have either been proven to be successful or that have a probability of achieving the desired outcome.

**Professionalism** –We believe our customers should be treated in a compassionate and caring manner that respects them as individuals, is non-judgmental and protects confidentiality. We are committed to ensuring that our staff is highly skilled and receives ongoing education to enable them to keep abreast of new information.

**Community and Wellness Oriented** – We believe that public health services should be based on the needs of the community and should be data driven and community oriented through an ongoing cycle of assessment, assurance and policy development. Services will be prevention focused and collaborative in nature.

**The Mission, Vision, Purpose, and Core Value Statements were reviewed and the Purpose was revised as stated above.**

**PROGRAM SUCCESSES, CHALLENGE, AND STAFF SHORT-TERM GOALS**

| Successes  | Challenges  | General Goals  |
|--|---|--|
| <b>Women, Infants, and Children (WIC) Program-Lynn Newnam, Pam O’Brien</b>   |   |  |
| <p>Getting Pam PAT certified, our good reputation, and in all the programs, our biggest strength is our reputation and our clients trust us.</p> | <p>Getting new clients, and overcoming the state’s lack of organization and communication and IT issues that could limit travel but increase clients.</p> | <ol style="list-style-type: none"> <li>1. Get moved to new office</li> <li>2. Have a pleasant audit</li> <li>3. Incorporate eWIC for distant clients</li> <li>4. Get more clients-increase WIC total to 200</li> <li>5. To find a way to have things run smoother with the state</li> <li>6. Have an in house Lactation consultant?</li> </ol> <p><u>2017</u><br/>Met goal #1.<br/>2017-18 Goals:</p> <ol style="list-style-type: none"> <li>1. Client numbers goal: 200 clients</li> <li>2. EBT rollout—December 2017</li> <li>3. Establish relationships and explore options for satellite clinics</li> <li>4. Explore training for lactation</li> </ol> |

| Successes   | Challenges  | General Goals   |
|---|---|---|
| <b>Family Planning-Brenda Mischel, Lynn Newnam, Timber Dempewolf</b>  |   |   |
| <p>Having 4 satellite clinics and our [good] reputation, ended in the black, we stayed pretty much within budget.</p> | <p>Overcoming the stigma of being associated with “Planned Parenthood” and that our services are just for “poor” people, navigating insurance. Also, providers at satellite clinics are not stable.</p> | <ol style="list-style-type: none"> <li>1. Find consistent providers for satellite clinics</li> <li>2. Reestablish a relationship with the college and high school</li> <li>3. Have a successful and pleasant 10/2016 audit</li> <li>4. Increase client/patient counts</li> <li>5. Clean up accounts receivable.</li> <li>6. Explore and initiate EHR use 6/2017</li> <li>7. Maintain satellite clinic conference calls.<br/>Monthly calls scheduled</li> </ol> <p><b><u>2017</u></b><br/>Met goals #1, 3, 5, 6 and 7 (see blue above)</p> <p>2017-18 Goals:</p> <ol style="list-style-type: none"> <li>1. Provide training requirements through conference calls</li> <li>2. Presence at DCHS (need to look at Lynn’s scheduled time)</li> <li>3. Add Norton anti-virus to EHR laptops</li> <li>4. DCHD needs to explore texting programs compliant with HIPAA</li> <li>5. Branding Dawson County Family Planning “Bridging the Gap”</li> </ol> |

| Successes  | Challenges  | General Goals  |
|--|---|--|
| <b>Communicable Disease <del>Jen Fladager</del>, Timber Dempewolf, Lynn Newnam, Janelle Olberding</b>  |   |  |
| <p>Outbreak response and CD surveillance have been going very well. The State has been very helpful, and they stated our E. Coli outbreak was detected very quickly locally (almost a week before the average). Working with GMC has been better than ever regarding case identification-we still have our hiccups, but overall they've been very helpful.</p> | <p>Time has been an issue because of the uptick in cases.</p>   | <ol style="list-style-type: none"> <li>1. Successfully train Jen's replacement without overwhelming him/her (<i>Janelle hired June 2017</i>)</li> <li>2. Maintain communication with CD surveillance partners</li> <li>3. Increase cross training for disease reporting in MIDIS.</li> </ol> <p><b>2017</b><br/>Met goals #1, 2 and 3<br/>2017-18 Goals:</p> <ol style="list-style-type: none"> <li>1. Get several people educated in MIDIS</li> <li>2. Janelle assisting with data entry and running reports</li> <li>3. Develop written step-by-step procedure for investigations</li> <li>4. CD &amp; files need to be organized so information can be used</li> <li>5. Track out-of-jurisdiction cases.</li> </ol> |
| <b>PHEP <del>Jen Fladager</del>, Janelle Olberding</b>   |   |  |
| <p>The plans are in pretty good shape, and will be what I'd say are accreditation ready in the upcoming year.</p>  | <p>It may be that no one will be hired before my departure, so the plan is right now to complete as many deliverables as possible before I go to take off some of the strain to coworkers and Timber.</p> | <ol style="list-style-type: none"> <li>1. Trying to do several deliverables due later in the year in the first quarter in case the PHEP coordinator position is unfilled for a time.(completed)</li> </ol> <p><b>2017--Met goal #1</b><br/>2017-18 Goals:</p> <ol style="list-style-type: none"> <li>1. Start getting to know the community partners</li> <li>2. Establish relationships with community partners</li> </ol>  |

| Successes   | Challenges  | General Goals  |
|---|---|--|
| <b>General Public Health-All Staff</b>  |   |  |
| <p>(DCHD Marketing) Our Facebook marketing has increased greatly, and we are starting to see its reach. It turned out to be a great tool in the E. Coli Outbreak and the sexting campaign.</p> <p>(DCHD Database) The new version seems to be functioning well. We've had a few kinks to work out, but they were easy fixes.</p> <p>(FICMMR): We have one at this time to finish prior to end of Nov. Keep an eye on newspaper for our FICMMAR activity for this year-DCHD purchased a coloring page in the coloring book created by the Ranger Review.</p> | <p>Some think the Health Fair needs to be revamped.</p> <p>We've had mixed results on other Facebook posts put out there. Emergency preparedness isn't very popular, for example.</p> <p>Paraphrased-Having just started, she had no idea how many things the Health Department did, also did not know about the newsletter.</p> <p>Paraphrased-Reaching people can be difficult as far as advertising services, some watch TV, some read paper, Facebook, etc.</p> | <ol style="list-style-type: none"> <li>1. Insurance Billing-Transition this to Heather and Pam will still be available to help</li> <li>2. Meals on Wheels- More Clients 2017 added Mom's Meals and expanded area covered.</li> <li>3. Health Fair-we need to do something new and more exciting to engage more people. <span style="color: blue;">3/2017 New venue and scheduled appointments.</span></li> <li>4. Explore electronic performance management systems.</li> </ol> <p><span style="color: blue;"><u>2017</u></span><br/>Met goal #1 and 3.<br/>2017-18 Goals:</p> <ol style="list-style-type: none"> <li>1. Update database for 2017-2018 and add walk-in data</li> <li>2. Check into HIPAA compliant recall and reminder systems</li> <li>3. Put a program highlight on each weekly update</li> <li>4. "Bridge the Gap" marketing</li> <li>5. Bridge the communication gap with different local agencies (hospital, schools, etc.)</li> </ol> |

| Successes  | Challenges   | General Goals  |
|--|--|--|
| <b>Tobacco <del>Laureen Murphree</del>, Lindsay Sadorf</b>   |  |  |
| <p>We feel my relationship with the schools and the days of action (Red Ribbon Week, Great American Smokeout, Through with Chew and Kick Butts Day) events have been successful.</p>   | <p>I would like to get a few more non-health department and out-of-town people to the Coalition meetings.</p>  | <ol style="list-style-type: none"> <li>1. Continue relationship with the schools and continue days of action events.</li> <li>2. Try to get a more diverse group of people at the Coalition Meetings.</li> <li>3. Contact multi-unit housing owners and work with them on creating a smoke free environment, giving free signs and giving them support.</li> </ol> <p><b>2017</b><br/>Met goal #1, 2 and 3<br/>2017-18 Goals:</p> <ol style="list-style-type: none"> <li>1. Learn/carry out all deliverables</li> <li>2. Foster relationships in all 3 counties</li> <li>3. Learn reporting system (Catalyst)</li> </ol> |
| <b>Dawson County Healthy Communities Coalition and Building Active Glendive <del>Jen Fladager</del>, Janelle Olberding</b>   |  |  |
| <p>BAG has made progress on our work plan, and MSU and Bike Walk are very pleased with our headway. The strategic plan has been written, but not adopted yet. Signage is up for wayfaring.</p> <p>CHIP Related-Wayfaring signs are up! We've requested GMC provide a representative to BAG, and they are already represented at DCHCC.</p> | <p>Resigning the secretary position was wise in Healthy Communities, but BAG is in some serious trouble with manpower. I'm leaving, Dianna Broadie is out for a while, Adam Gartner is done with his term (though he states he'll stay on), Jerry Jimison and Peggy Iba have been very busy with other things, we lost Nate Powell (though Tom Shoush started attending in his place), Kelly Wicks left.</p> | <ol style="list-style-type: none"> <li>1. Train a replacement in the Health Department who can assist BAG prior to my departure- Janelle Olberding is in town and available to work on this initiative. She did some accreditation work for Cascade County and also helped with a group called Get Fit Great Falls.</li> </ol> <p><b>2017</b>--Met goal #1 (Actually hired Janelle Olberding June 2017)<br/>2017-18 Goals:</p> <ol style="list-style-type: none"> <li>1. Janelle will be BAG representative.</li> <li>2. Janelle, Lindsay, Pam and Laureen will represent DCHD at Healthy Communities.</li> </ol>        |

| Successes  | Challenges  | General Goals  |
|--|---|--|
| <b>Accreditation and Public Health Systems Improvement <del>Jen Fladager</del>, Timber Dempewolf, Lauren Murphree</b>  |   |  |
| <p>The completion of the CHIP and CHA came late, but it's great it's done. We are waiting for the final draft of the CHIP so we can put it out for public comment.</p> <p>After a full assessment of our progress, we are roughly halfway to meeting accreditation guidelines! The progress tool is currently up to date, and I will update it again before I leave.</p> <p>PHSI funding has really moved DCHD forward to ensure there are processes in place related to workforce development and strategic planning.</p> | <p>Coordinating between the hospital and other partners has been a bit difficult. Meeting times are the most troublesome in finding an open spot in everyone's schedule.</p> <p>Bringing someone else on board and getting them up to speed will be time consuming.</p> | <ol style="list-style-type: none"> <li>1. To be accreditation ready by December 2021.</li> <li>2. Develop and incorporate a quality improvement program in day to day activities.</li> </ol> <p><u>2017</u></p> <p>2017-18 Goals:</p> <ol style="list-style-type: none"> <li>1. QI grant was approved. Write Quality Improvement Plan</li> <li>2. Administer staff training on PH essential services</li> <li>3. Administer Employee Satisfaction Surveys</li> <li>4. Spend time with Richland County Accreditation Coordinator to learn about processes implemented to be accreditation ready.</li> </ol> |



| Successes   | Challenges   | General Goals  |
|---|--|--|
| <b>Immunizations-Clarice Utgaard, Patty Maddock, <del>Trish Olson</del>, Timber Dempewolf, Heather Frank, Jennifer Olmstead</b>   |  |  |
| <p>IZ rates have gone up. We got the CAREVAN to come to town and will be good for future clinics.</p> <p>Since the law change for VZ requirement for school entry last October, all Varicella vaccinations were successfully completed for LES &amp; JES schools. We increased exposure for DCHD via social media and also newsletter distribution.</p> | <p>Getting all children immunized, new vaccine requirements, and new vaccines.</p> <p>Inadequate Varicella vaccine coverage completed at WMS &amp; DCHS.</p> <p>There was no improvement in our adolescent vaccine rate which includes HPV, MCV4 and TDaP.</p> | <ol style="list-style-type: none"> <li>1. Complete required Varicella vaccination for school entry of all students with special focus on middle school and high school students to bring them up-to-date.</li> <li>2. To maintain 19-35 mos. IZ rates above 90%, and add more education for parents. (Received the 90% award for achieving a 90% immunization rate from DPHHS)</li> <li>3. Increase adolescent vaccine rates (currently at 1%) FY 2017 up to 46%</li> </ol> <p><b>2017</b></p> <p>Met goal #1, 2 &amp; 3</p> <p>2017-18 Goals:</p> <ol style="list-style-type: none"> <li>1. 4 contacts with VFC providers, yearly</li> <li>2. Keep informed on sports physicals. If GMC chooses not to provide sports physical as a mass screening, DCHD may be able to fill the gap.</li> <li>3. Fill immunization position</li> </ol> |

| Successes  | Challenges  | General Goals   |
|--|---|---|
| <b>School Nursing and Daycare Visits-Clarice Utgaard, Jennifer Olmstead and Andeen Raymond</b>   |   |   |
| <p>Since the law change for VZ requirement for school entry last October, all Varicella vaccinations were successfully completed for LES &amp; JES schools.</p> <p>Rural Schools-they loved Jen's [Jr. Disease Investigators] germ cases!</p> <p>We still have school nursing contracts for all public schools in Dawson County.</p> <p>Clarice had her first daycare provider who had all IZ requirements up to date at the daycare review.</p> | <p>Inadequate school nursing services at WMS &amp; DCHS which posed a work burden to other staff.</p> <p>Poor working relationship with former school nurse.</p> <p>Rural schools finding new ideas to keep students interest, getting list of students timely.</p> | <ol style="list-style-type: none"> <li>1. Be able to play a part in restoring the principles and integrity of the school nurse position by creating a better working relationship with co-working school nurse and providing better mentorship.</li> <li>2. Restore confidence to school staff.</li> </ol> <p><b>2017</b><br/>Met goal #1 and 2<br/>2017-18 Goals:</p> <ol style="list-style-type: none"> <li>1. Continue school nurse fluoride varnish program</li> <li>2. Extend fluoride varnish programs to Health Department services</li> </ol> |

| Successes   | Challenges   | General Goals  |
|---|--|--|
| <b>Home Visiting -Pam O'Brien, <del>Trish Olson</del>, Timber Dempewolf</b>   |  |  |
| <p>We have added involuntary Safe Care as another evidence-based home visiting program.</p> <p>We have increased our caseload to approximately 80%. Pam has taken the initiative and enrolled her first client</p> <p>Pam has been trained in PAT!!</p> <p>We have two families that have been with PAT for over a year. One young lady has recently obtained her driver's license and taken her HISET. She passed all but one module. One little guy has increased his language skills and is now at or above his developmental level.</p> | <p>Get more clients, and Pam wants to keep educating herself and getting her bearings. Group connections- clients are not attending.</p> <p>PAT is required to have an advisory board, currently we are using the Best Beginnings Council. The people who attend the Best Beginnings meetings have a very narrow focus.</p> <p>Time and time management are considerations. Enrolling clients that are long term are also a challenge. They often have many other responsibilities that are a priority to them.</p> <p>Many of the families suffer from mental illness and choose not to seek care. Educating them about mental illness is not well received. Families struggle to survive in poverty. Some of their behaviors are products of family culture and they have a hard time seeing the need to change. They have become dependent on the "system" and feel overwhelmed when facing any change.</p> | <ol style="list-style-type: none"> <li>1. To achieve a 100% caseload, we would like to also see long term participation. <b>Achieved for a short time, average is 70%</b></li> <li>2. We would like to see more participants utilize and enjoy the group activities at the Nurturing Tree.</li> <li>3. Continue to educate the advisory board about home visiting services and why it is important for our community. <b>Monthly Best Beginnings meetings</b></li> <li>4. Bring coordination of Best Beginnings back under DCHD's umbrella. <b>Completed 2017</b></li> <li>5. Make having a home visitor a societal norm.</li> <li>6. Have a waiting list of clients.</li> <li>7. Have stable funding from the state, and investigate billing TCM.</li> <li>8. Have PAT recognized by the court system as an option for court ordered parenting class.</li> </ol> <p><b>2017</b><br/>Met goal #1, 3 and 4<br/>2017-18 Goals:</p> <ol style="list-style-type: none"> <li>1. Fill PAT/SafeCare position</li> <li>2. Maintain caseload at or above 80%; full caseload 10 families.</li> <li>3. Increase PAT clients participation in Mommy, Daddy &amp; me classes (Group connections)</li> </ol> |

| Successes  | Challenges  | General Goals  |
|--|---|--|
| <b>Home Health and Stepping On-Andeen Raymond, Timber Dempewolf</b>  |   |  |
| <p>Toe nail clinics are BOOMING. We now have 3 one month and 4 one month alternating months. HHA visits still down, but only have one HHA working 1 day a week, and the other filling her time with Homecare clients, respite and HHA. Homemakers have a slight waiting list at this time.</p> | <p>Trying to get and keep clients so staff will feel more committed to our programs. Some staff are nearing retirement, and not wanting as many hours. We question if families are doing more cares for elderly parents and thereby decreasing our numbers.</p> <p>VA is no longer able to contract with PH for SNV's, so GMC has gained some easy long term clients that would have been ours.</p> | <ol style="list-style-type: none"> <li>1. Increase HH visits for nurse and HHA over the next couple of years.</li> <li>2. We have lost several long time clients due to their health declining, and needing to leave our area. It would be great to see our HHA/respite services increase with the VA. There are a lot of elderly vets in our area.</li> </ol> <p><u>2017</u></p> <p>2017-18 Goals:</p> <ol style="list-style-type: none"> <li>1. Increase marketing for HH</li> <li>2. Provide Stepping On class annually</li> <li>3. Increase Richey toenail clinic participation to 6 clients/clinic</li> </ol> |

| Successes  | Challenges   | General Goals   |
|--|--|---|
| <b>The Nurturing Tree, Parenting Classes and Safe Sitter Classes <del>Alisa Werner</del>, Pam O'Brien, Timber Dempewolf</b>  |  |   |
| <p>Love and Logic classes are scheduled for September.</p> <p>Funding has been secured to the full requested amount from Montana Children's Trust Fund.</p> <p>FOT is a successful fund raiser and partnership with Dawson County Healthy Communities.</p> | <p>Tuesday activities are well attended, however we are still struggling to get home visiting clients to attend. The Tuesday activities are created to encompass preschool readiness and PAT group connections.</p> <p>Staff are in the office for 10-12 hours/per week, making our availability to clients minimal.</p> | <ol style="list-style-type: none"> <li>1. Increase the amount of money raised through fundraising and donations. <b>FY2017 \$5,000</b></li> <li>2. Continue partnership with Library programs. <b>3/2017 Library decided not to partner with TNT.</b></li> </ol> <p><b><u>2017</u></b><br/>Met goal #1<br/>2017-18 Goals:</p> <ol style="list-style-type: none"> <li>1. Increase participation numbers by providing 48 activities per year and serving 500 children</li> <li>2. Provide support for parenting classes</li> <li>3. Pam receive training in Safe Sitter</li> <li>4. Explore options for changing Tuesday activities to better meet community needs</li> </ol> |

| Successes  | Challenges | General Goals |
|--|------------|---------------|
| <b>Facility Improvements</b>   |            |               |
| 2017-18 Goals:   |            |               |
| <ol style="list-style-type: none"> <li>1. Paint the Health Department</li> <li>2. Put up local pictures</li> <li>3. Display program logic models by each door</li> </ol> |            |               |

During the 2017 Strategic Planning Session, we reorganized clinic hours to meet new goals.

| Monday | Tuesday | Wednesday                               | Thursday                                | Friday          |
|--------|---------|---|---|-----------------|
| FP 1-5 | FP 1-5  | BP/Lab<br>8-11:30<br><br>FP 8-12<br>1-5 | WIC 8-12<br>1-5<br>BP 8-11:30<br>IZ 9-5 | FP 10-12<br>1-3 |

These new hours will be implemented on September 1. Also, starting September 1, the front office will remain open for questions and phone calls.

## SWOT ANALYSIS

### 1. **Strengths** of the Health Department:

- Great, reliable, knowledgeable staff
- Supportive team-good group dynamics
- We work with many entities in the community
- We are community minded and are recognized within it
- Strong leadership in DCHD
- Very experienced staff members in their programs
- Variety of programs available

### 2. **Weaknesses** and suggestions for how we could address them:

- Community partnerships can be difficult to maintain
- The Health Director's job duties are too much for one person
- PHEP Nursing is hard to fill, the rest of the staff doesn't like the job duties of the PHEP nurse
- City, county leadership apathetic to needs, lack understanding of programs and populations served
- Difficulty communicating importance of our programs to residents of Dawson County
- Several experienced staff up for retirement

### 3. Are we missing any **opportunities**:

- BAG-MDT is redoing Towne and Merrill, we can promote healthy lifestyles by promoting walking and biking
- Interest in health education indicated in the 2016 community health assessment
- Possibly add more staff
- School nursing-Power School interfaces with Immtrax-saves time and work
- The health fair needs a change or reworking
- Have a staff member trained as a lactation consultant
- Billing collection

### 4. What are **threats** for the Health Department:

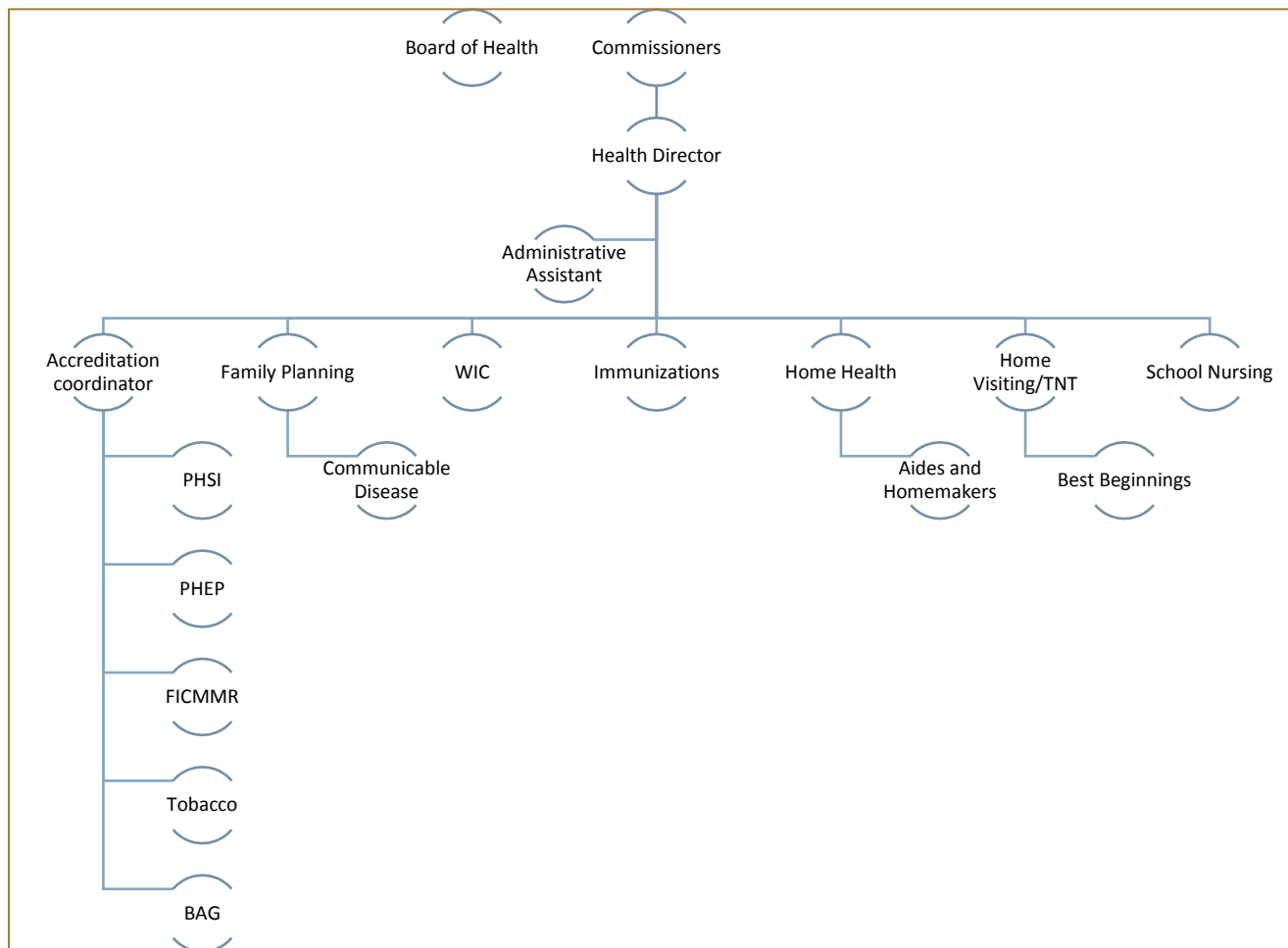
- Changes of staff at the state
- Changes in our political leadership can affect how DCHD operates and what funding we receive
- Cuts in federal funding in PHEP and Title X
- Voting to eliminate Title X funding
- Master settlement funds for tobacco coming to an end in 7-8 years
- People moving and leaving the community
- Misconceptions about our programs
- Multiple staff retiring in 3-5 years

## DCHD RESTRUCTURING

Staff members were asked to create a structure tree creating an organization where only 5-7 programs were under a single person. Currently, the workload placed upon the Health Director is far too much, and other staff members are becoming overtaxed. The pros and cons of each situation were considered, as well. The suggestions were as follows:

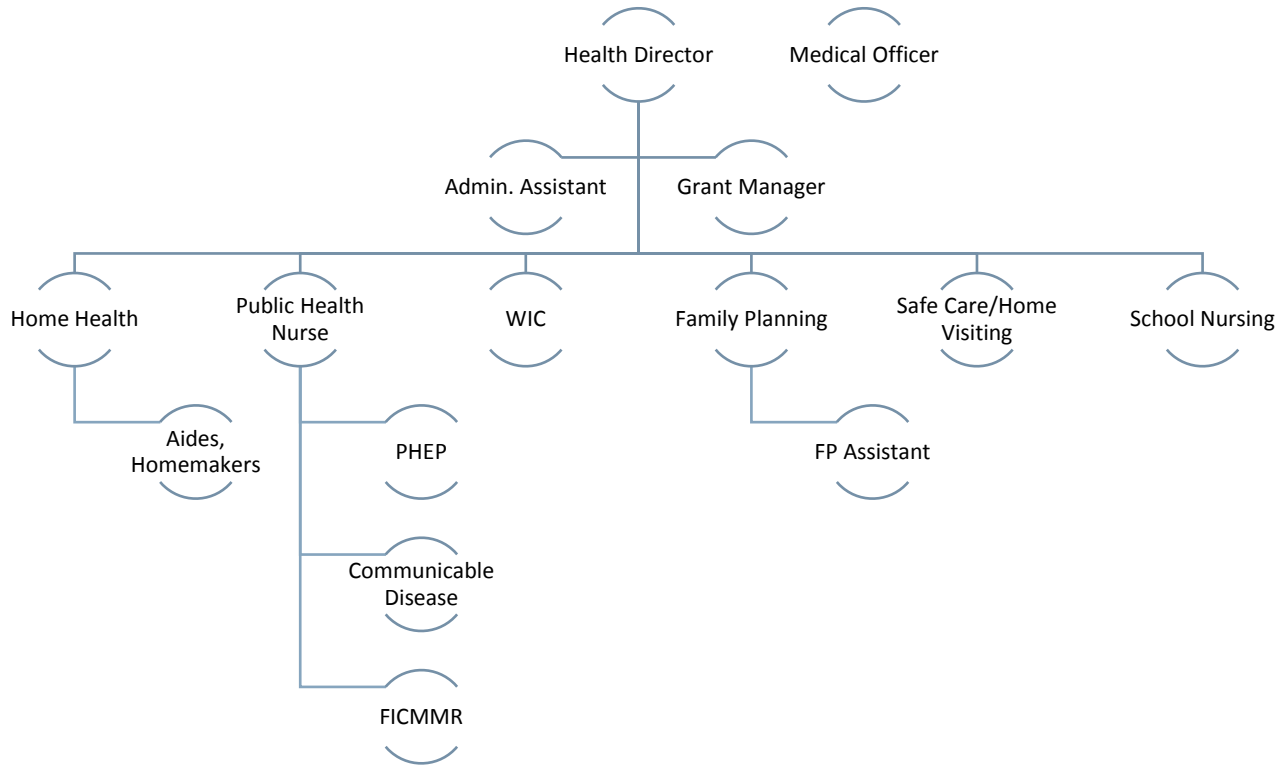


SUGGESTION 1-ADD ACCREDITATION COORDINATOR



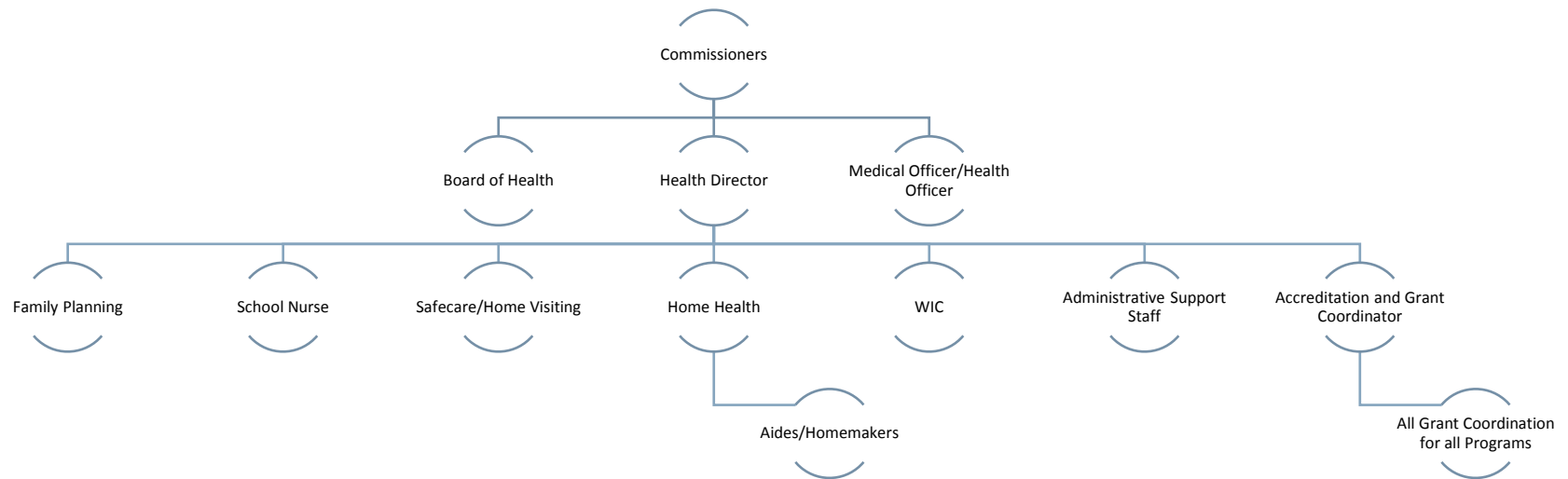
- Pros:*
- It makes sense
  - It gives the Health Director assistance
  - Staff turnover may give an opportunity to rearrange
  - Flows well
  - Several like the layout
- Cons:*
- Still too much for the director
  - Timber already had help on it
  - May take too long to implement
  - Training is difficult
  - Grant funding is unknown
  - Change is scary

SUGGESTION 2-ADD A GRANT MANAGER



- Pros:*
- It takes pressure off of Timber
  - Can be done by 2018
  - Barb Roehl can help
  - FTE's support it
- Cons:*
- Note- Immunizations, Best Beginnings, TNT, Tobacco, BAG-DCHCC are missing
  - May take too many hours for the grant manager
  - Some employees feel anxious about it
  - May require a personnel manager
  - Commissioners may not understand this structure

STRUCTURE 3-ADD AN ACCREDITATION AND GRANT COORDINATOR



*Pros:*

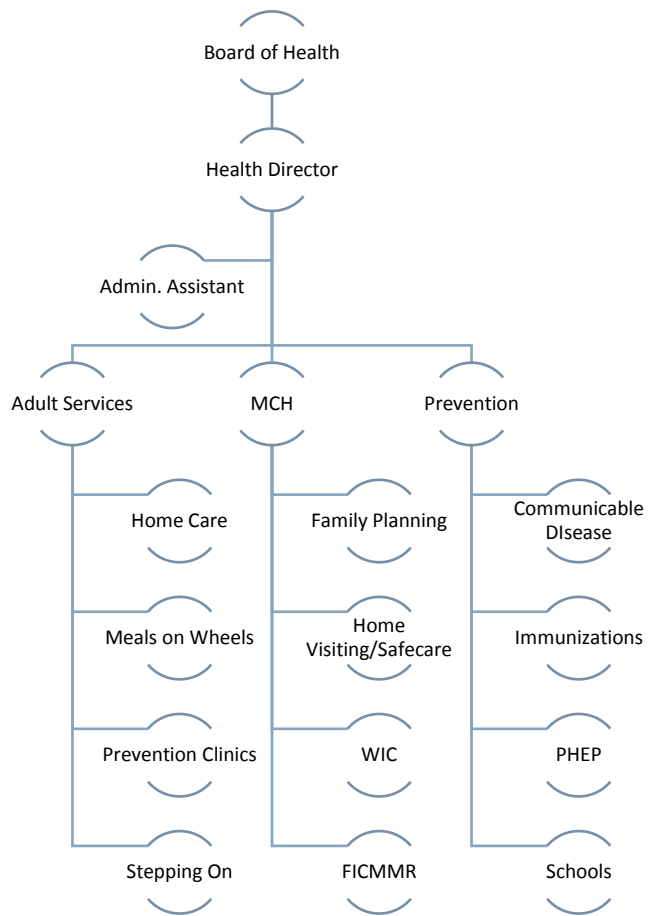
- *IAP and MCH grants are doable together*

*Cons:*

- *Timber hates to let the budgeting go to someone else because it has a large effect on the county budget*

*Note-All grant programs include Tobacco, PHEP, IZ, Best Beginnings, PAT, TNT, MCTF.*

STRUCTURE 4-2015 SUGGESTION ADDING MIDDLE MANAGEMENT



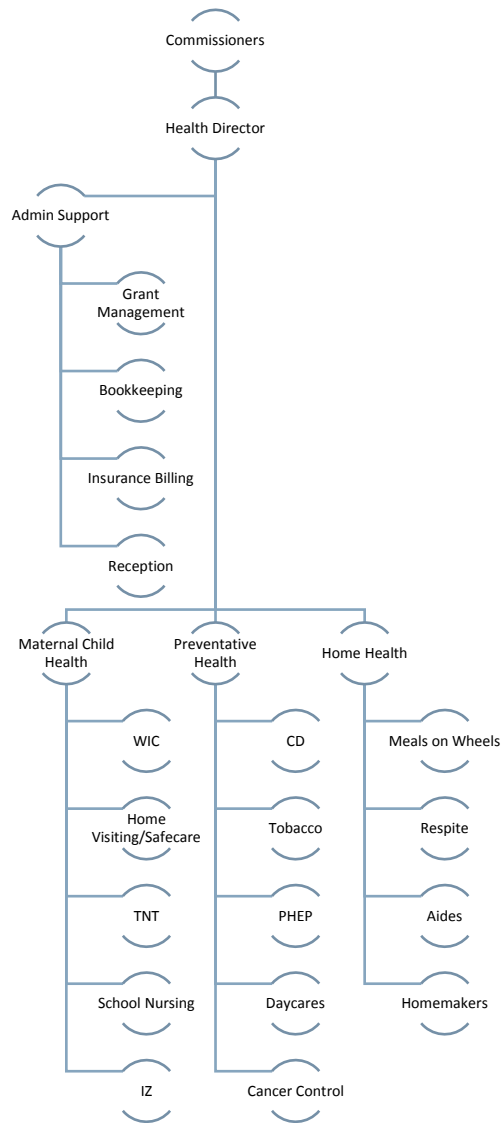
*Pros:*

- *Workload is very evenly distributed*
- *This takes a great deal of pressure off of the Health Director*

*Cons:*

- *This would require rewriting job descriptions*
- *It would require hiring middle management -or-*
- *It would require promoting current staff, and many like their job duties the way they are*
- *Does not account for accreditation activities*

STRUCTURE 5-ADAPTED STRUCTURE FROM 2013 WITH PROGRAMS NO LONGER OFFERED REMOVED



*Pros:*

- *Workload is very evenly distributed*
- *This takes a great deal of pressure off of the Health Director*

*Cons:*

- *This would require rewriting job descriptions*
- *It would require hiring middle management -or-*
- *It would require promoting current staff, and many like their job duties the way they are*
- *Does not account for accreditation*

## PLAN OBJECTIVES

Several key partnerships were identified pertinent to this Strategic Plan:

- Glendive Medical Center
- Dawson County Healthy Communities Coalition/Building Active Glendive
- Dawson County Board of Health
  - Dawson County Commissioner
  - Dawson County Health Officer
  - DCHD Health Director
- DCHD Tobacco Prevention Coordinator
- District Sanitarian
- Private Food Establishment Owner
- Mental Health Specialist
- Dental Provider
- Private Practice Providers

| Goal Timeline     | Goal   | Strategy  | Assigned Staff Person(s) |
|-------------------|--|---|--------------------------|
| <b>March 2017</b> | Restructure the Health Fair to increase residents' utilization of it.                                      | 1. Gather data on what the public finds appealing or look for demographics we typically don't reach.  | All Staff                |
|                   |  | 2. Identify new features for the Health Fair, and possible a change of venue.   | All Staff                |
|                   |  | 3. Complete new plan for Health Fair by January 2017  | All Staff                |
| <b>June 2018</b>  | Restructure DCHD as an organization creating a position to assist Director and meet all our program needs. | 1. Have staff vote on their favorite two structures from those previously listed in this plan by September 30, 2016. <ul style="list-style-type: none"> <li>a. Completed on 9/9/16-Several staff had no preference, but structure 1 and 2 were equally favored. Structure 1 was identified by the Health Director as a starting point, and can be adjusted later, if needed.</li> </ul> | Jen F.                   |
|                   |  | 2. Request another FTE from commissioners to make room for more staff by August 15, 2016. COMPLETE  | Director                 |
|                   |  | 3. Finalize the selected structure through the commissioners by May 2017.   | All Staff                |

|                  |   |   |   |
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|                  |   | 4. Rewrite the job descriptions for the selected positions and new positions to fit funding and the new structure by July 2017. | Director,<br>Human<br>Resources           |
|                  |   | 5. Redistribute work assignments to match structure by June 2018.   | All Staff                                 |
| <b>June 2019</b> | Increase utilization and knowledge of DCHD services among residents of Dawson County and their satellite clinics. | 1. Continue to expand Facebook marketing, both promoted and organic (ongoing).  | All Staff                                 |
|                  |   | 2. Make the Health Department more appealing by June 2017 (paint, redecorating).  | All Staff                                 |
|                  |   | 3. In programmatic work plans formulate measures to increase client numbers specific to the services offered.                   | Director,<br>Program<br>coordinators      |
| <b>June 2019</b> | Complete DCHD portion of goals outlined in the community health improvement plan in conjunction with GMC.         | 1. Work with GMC to identify a GMC representative for Building Active Glendive.   | DCHD BAG<br>Member                        |
|                  |   | 2. Complete the wayfaring signage program-complete in July 2017 by Jen.   | DCHD BAG<br>Member                        |
|                  |   | 3. SART-Work with GMC and SART to create an HIV prophylaxis protocol for assault victims.                                       | DCHD SART<br>Member                       |
|                  |   | 4. SART-Integrate a behavioral health referral protocol for assault victims.  | DCHD SART<br>Member                       |
|                  |   | 5. SART-Institute a program to be able to perform child assault exams.  | DCHD SART<br>Member                       |
|                  |   | 6. Explore new health education programs to institute in weight loss and nutrition.   | All Staff                                 |
| <b>June 2021</b> | DCHD will be accreditation ready based on the most current version of PHAB guidelines and requirements.           | 1. Explore hiring an accreditation coordinator within the new DCHD structure by May 2017.--Complete                             | Health<br>Director                        |
|                  |   | 2. Institute a quality improvement program.   | Director,<br>Accreditation<br>Coordinator |
|                  |   | 3. Create a quality improvement team.   | Accreditation<br>Coordinator              |

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|  |  | 4. Complete workforce development plan by March 2017.<br>Complete                     | Director,<br>Accreditation<br>Coordinator |
|  |  | 5. Review readiness progress through the accreditation<br>readiness tool bi-annually. | Accreditation<br>Coordinator              |
|  |  | 6. Align programmatic work plans with accreditation<br>guidelines.                    | Program<br>Coordinators                   |

### PLAN MAINTENANCE AND REEVALUATION

Progress will be evaluated annually through strategic planning sessions. The Director and Accreditation Coordinator are responsible for updating this plan. Members of the public are encourage to forward comments to [dchealth@midrivers.com](mailto:dchealth@midrivers.com) or call DCHD at 406-377-5213.